

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

IOWA DEPARTMENT OF ADMINISTRATIVE SERVICES

VENDOR NAME (Business Name, Governmental Unit Name, or Individual

Name):_____

VENDOR IDENTIFICATION NUMBER (Federal ID Number or Social Security

Number):_____

DIRECT DEPOSIT INFORMATION:

Financial Institution Name _____

Address _____

ABA Routing Number (9 digits)_____

Account Number at Financial Institution _____

Checking Account _____ or Savings Account _____ (Mark One)

I hereby authorize the State of Iowa to initiate a deposit entry and to initiate if necessary any adjustments or debit entries for any deposit made in error to the Account Code specified above. **I understand that the State of Iowa can only deposit funds into one account in one financial institution; therefore all payments made by the State of Iowa will be deposited into the account named here.**

AUTHORIZED BY:

SIGNATURE_____

NAME_____

TITLE_____

TELEPHONE NUMBER_____

DATE_____

Mail or Fax Completed Form to:
Department of Administrative Services
ATTN: Dean Wheeler
Hoover State Office Building, 3rd Floor
Des Moines, Iowa 50319
Telephone Number: (515) 281-0246
Fax Number: (515) 281-5277